

<i>SERFF Tracking Number:</i>	<i>UNFG-126880908</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>47291</i>
<i>Company Tracking Number:</i>	<i>LIU-840 (1-11)</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium</i>	<i>Sub-TOI:</i>	<i>L09I.001 Single Life</i>
	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>LIU-840 (1-11)</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Filing at a Glance

Company: United Life Insurance Company	SERFF Tr Num: UNFG-126880908	State: Arkansas
Product Name: LIU-840 (1-11)	SERFF Status: Closed-Approved-	State Tr Num: 47291
TOI: L09I Individual Life - Flexible Premium	Closed	
Adjustable Life	Co Tr Num: LIU-840 (1-11)	State Status: Approved-Closed
Sub-TOI: L09I.001 Single Life		Reviewer(s): Linda Bird
Filing Type: Form	Author: Joanne Young	Disposition Date: 03/11/2011
	Date Submitted: 11/10/2010	Disposition Status: Approved-Closed
		Implementation Date:
Implementation Date Requested: 01/01/2011		
State Filing Description:		

## General Information

Project Name:	Status of Filing in Domicile: Pending
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 03/11/2011
	State Status Changed: 03/11/2011
Deemer Date:	Created By: Joanne Young
Submitted By: Joanne Young	Corresponding Filing Tracking Number:
Filing Description:	
LIU-840 (1-11) Qualified Care Accelerated Death Benefit Rider	

We are filing the rider listed above for review and approval. It is a new optional rider that can be added to our UNI3 universal life policy with a face amount (exclusive of riders) of at least \$50,000. It may be added to an existing Uni3 that is at least 1 year old. The rider covers only the base insured. The rider can not be issued on a rated policy. The issue age is 18-85 and there is no expiry age specified to the rider itself. After a 60 day elimination period, the rider will pay a monthly benefit for each month that the insured meets the eligibility requirements.

A statement of variability is attached in the supporting documentation tab.

SERFF Tracking Number:	UNFG-126880908	State:	Arkansas
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TOI:	L09I Individual Life - Flexible Premium	Sub-TOI:	L09I.001 Single Life
	Adjustable Life		
Product Name:	LIU-840 (1-11)		
Project Name/Number:	/		

This filing to the best of our knowledge contains no unusual or possibly controversial items from normal company or industry standards.

Thank you for your consideration.

## Company and Contact

### Filing Contact Information

Joanne Young, Analyst	jyoung@unitedfiregroup.com
118 2nd Ave SE	319-286-2620 [Phone]
PO Box 73909	319-286-2570 [FAX]
Cedar Rapids, IA 52407-3909	

### Filing Company Information

United Life Insurance Company	CoCode: 69973	State of Domicile: Iowa
118 2nd Ave SE	Group Code: 248	Company Type: Life
PO Box 73909	Group Name: United Fire Group	State ID Number:
Cedar Rapids, IA 52407-3909	FEIN Number: 42-6061188	
(319) 399-5700 ext. [Phone]		

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United Life Insurance Company	\$50.00	11/10/2010	41767176

SERFF Tracking Number:	UNFG-126880908	State:	Arkansas
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Company Tracking Number:	LIU-840 (1-11)		
TOI:	L09I Individual Life - Flexible Premium Adjustable Life	Sub-TOI:	L09I.001 Single Life
Product Name:	LIU-840 (1-11)		
Project Name/Number:	/		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	03/11/2011	03/11/2011

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	03/11/2011	03/11/2011	Joanne Young	03/11/2011	03/11/2011
Pending Industry Response	Linda Bird	03/03/2011	03/03/2011	Joanne Young	03/03/2011	03/03/2011
Pending Industry Response	Linda Bird	11/17/2010	11/17/2010	Joanne Young	03/10/2011	03/10/2011

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Objection Letter	Note To Filer	Linda Bird	03/07/2011	03/07/2011

<i>SERFF Tracking Number:</i>	<i>UNFG-126880908</i>	<i>State:</i>	<i>Arkansas</i>
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	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>LIU-840 (1-11)</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Disposition

Disposition Date: 03/11/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: UNFG-126880908 State: Arkansas

Filing Company: United Life Insurance Company State Tracking Number: 47291

Company Tracking Number: LIU-840 (1-11)

TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life  
Adjustable Life

Product Name: LIU-840 (1-11)

Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Actuarial/rates for LIU-840 (1-11)		No
Supporting Document	Statement of Variability		Yes
Supporting Document (revised)	Disclosure statement		Yes
Supporting Document	Disclosure statement	Replaced	Yes
Form	Qualified Care Accelerated Death Benefit		Yes

*SERFF Tracking Number:* UNFG-126880908 *State:* Arkansas  
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*TOI:* L09I Individual Life - Flexible Premium *Sub-TOI:* L09I.001 Single Life  
Adjustable Life  
*Product Name:* LIU-840 (1-11)  
*Project Name/Number:* /

## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 03/11/2011  
Submitted Date 03/11/2011  
Respond By Date 04/11/2011

Dear Joanne Young,

This will acknowledge receipt of the captioned filing.

### Objection 1

Comment: Thank you for your response to our 11/17/10 Objection Letter. The attachment for the Disclosure Statement contained only a copy of the original rider submitted. We did not receive a copy of the Disclosure Statement.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

SERFF Tracking Number: UNFG-126880908 State: Arkansas  
Filing Company: United Life Insurance Company State Tracking Number: 47291  
Company Tracking Number: LIU-840 (1-11)  
TOI: L091 Individual Life - Flexible Premium Sub-TOI: L091.001 Single Life  
Adjustable Life  
Product Name: LIU-840 (1-11)  
Project Name/Number: /

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 03/11/2011  
Submitted Date 03/11/2011

Dear Linda Bird,

### Comments:

### Response 1

Comments: I apologize. The form numbers are very close and I attached the wrong document.

The disclosure statement is attached.

### Related Objection 1

Comment:

Thank you for your response to our 11/17/10 Objection Letter. The attachment for the Disclosure Statement contained only a copy of the original rider submitted. We did not receive a copy of the Disclosure Statement.

### Changed Items:

### Supporting Document Schedule Item Changes

Satisfied -Name: Disclosure statement

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,  
Joanne Young

*SERFF Tracking Number:* UNFG-126880908 *State:* Arkansas  
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Adjustable Life  
*Product Name:* LIU-840 (1-11)  
*Project Name/Number:* /

## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 03/03/2011  
Submitted Date 03/03/2011  
Respond By Date 04/04/2011

Dear Joanne Young,

This will acknowledge receipt of the captioned filing.

### Objection 1

Comment: It has come to our attention that you have not responded to our 11/17/10 Objection Letter regarding this filing.

Please advise the Department if the company would like to withdraw the filing or if additional time is needed to comply?

Please feel free to contact me if you have questions.

Sincerely,  
Linda Bird



SERFF Tracking Number: UNFG-126880908 State: Arkansas  
Filing Company: United Life Insurance Company State Tracking Number: 47291  
Company Tracking Number: LIU-840 (1-11)  
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life  
Adjustable Life  
Product Name: LIU-840 (1-11)  
Project Name/Number: /

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 03/03/2011  
Submitted Date 03/03/2011

Dear Linda Bird,

### Comments:

### Response 1

Comments: I apologize for the delay. We have written a disclosure statement and it is being proofed. Please allow us one additional week and we will comply with your request.

Thank you for your consideration.

### Related Objection 1

Comment:

It has come to our attention that you have not responded to our 11/17/10 Objection Letter regarding this filing.

Please advise the Department if the company would like to withdraw the filing or if additional time is needed to comply?

### Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,  
Joanne Young

*SERFF Tracking Number:* UNFG-126880908 *State:* Arkansas  
*Filing Company:* United Life Insurance Company *State Tracking Number:* 47291  
*Company Tracking Number:* LIU-840 (1-11)  
*TOI:* L09I Individual Life - Flexible Premium *Sub-TOI:* L09I.001 Single Life  
Adjustable Life  
*Product Name:* LIU-840 (1-11)  
*Project Name/Number:* /

## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 11/17/2010  
Submitted Date 11/17/2010  
Respond By Date 12/17/2010

Dear Joanne Young,

This will acknowledge receipt of the captioned filing.

### Objection 1

Comment: The Accelerated Benefit Rider issued with life insurance policies require a disclosure statement as outlined in Rule and Regulation 60s8.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

SERFF Tracking Number: UNFG-126880908 State: Arkansas  
Filing Company: United Life Insurance Company State Tracking Number: 47291  
Company Tracking Number: LIU-840 (1-11)  
TOI: L091 Individual Life - Flexible Premium Sub-TOI: L091.001 Single Life  
Adjustable Life  
Product Name: LIU-840 (1-11)  
Project Name/Number: /

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 03/10/2011  
Submitted Date 03/10/2011

Dear Linda Bird,

### Comments:

### Response 1

Comments: Per your request, attached is a disclosure statement.

I apologize for the delay in responding. Thank you for your consideration.

### Related Objection 1

Comment:

The Accelerated Benefit Rider issued with life insurance policies require a disclosure statement as outlined in Rule and Regulation 60s8.

### Changed Items:

### Supporting Document Schedule Item Changes

Satisfied -Name: Disclosure statement

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,  
Joanne Young

<i>SERFF Tracking Number:</i>	<i>UNFG-126880908</i>	<i>State:</i>	<i>Arkansas</i>
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	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>LIU-840 (1-11)</i>		
<i>Project Name/Number:</i>	<i>/</i>		

**Note To Filer**

**Created By:**

Linda Bird on 03/07/2011 08:53 AM

**Last Edited By:**

Linda Bird

**Submitted On:**

03/07/2011 08:53 AM

**Subject:**

Objection Letter

**Comments:**

The Department has noted you will respond to this objection letter by 3/11/11.

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Product Name:	LIU-840 (1-11)		
Project Name/Number:	/		

## Form Schedule

### Lead Form Number: LIU-840 (1-11)

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	LIU-840 (1-11)	Policy/Cont	Qualified Care ract/Fratern Accelerated Death al Benefit Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		0.000	LIU-840 (1-11) BK.PDF



United Life Insurance Company  
Cedar Rapids, Iowa

## QUALIFIED CARE ACCELERATED DEATH BENEFIT RIDER

### Providing an Option to Elect an Acceleration of Death Benefit

#### NOTICE TO BUYER

This Rider provides for the payment of an accelerated death benefit at Your election under the conditions specified below.

If benefits are paid under this rider, the policy's death benefit, cash values and loan values will be reduced. Other benefits as may be provided by rider to this policy, whose amounts are conditioned upon the amount of the policy's death benefit, may also be reduced.

Benefits paid under this option may be taxable. You should consult your personal tax advisor to assess the tax effect of this benefit.

Additionally, You may lose Your right to receive certain public funds or assistance including but not necessarily limited to Medicare, Medicaid, Social Security, Supplemental Security and Supplemental Security Income (SSI).

#### DEFINITIONS

"You" or "Your" means the owner of the policy. "Insured" means the person named as such in Section 1, Policy Data. "We", "Our", or "Us" means United Life Insurance Company.

**Activities of Daily Living:** The basic human functional abilities required for the Insured to remain independent. They are as follows:

1. Bathing - the ability to wash oneself by sponge bath in either a tub or shower, including the task of getting into or out of the tub or shower.
2. Continence - the ability to maintain control of bowel or bladder functions, or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene, including caring for the catheter or colostomy bag.
3. Dressing - the ability to put on and take off items of clothing and any necessary braces, fasteners, or artificial limbs.
4. Eating - the ability to feed oneself by getting food into the body from a receptacle, such as plate, cup, or table, or by feeding tube or intravenously.
5. Toileting - the ability to get to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.
6. Transferring - the ability to move into or out of a bed, chair, or wheelchair or to move from place to place, either by walking, using a wheelchair or by other means.

**Adult Day Care Center:** An organization that provides a program of adult day care and is state licensed, if the state in which it is located licenses adult day care facilities.

**Aggregate Monthly Qualified Care Accelerated Death Benefit (AMQCADB):** The total amount of MQCADB payments available to be paid over the lifetime of the Insured. The initial AMQCMB Benefit is shown on page 3 of the policy. Once benefits are being paid or are pending payment from this rider, the AMQCADB amount will not change by virtue of a loan or partial withdrawal from the policy.

**Assisted Living Facility:** A separate facility (or a specially dedicated wing of a facility) which is licensed as an assisted living facility, if the state in which it operates licenses such facilities.

**Cognitive Impairment:** Significant deterioration or significant loss in the Insured's intellectual capacity in the following areas: short or long-term memory, orientation as to person, place and time, deductive or abstract reasoning, or judgment as it relates to safety awareness.

**Current Aggregate Monthly Qualified Care Accelerated Death Benefit (CAMQCADB)** is the benefit (as may have been previously reduced) in effect when We begin paying MQCADB's for a qualifying claim. This amount will reduce each time a MQCADB is made to You.

**Elimination Period** means the first 60 days after the Insured is certified having qualified for the benefits under this rider.

**Face Amount** is shown on Schedule 1 and is exclusive of any riders, indebtedness or cash value (if the policy is an Option 2). If the Face Amount has been reduced prior to the commencement of any benefits payable under this rider, the Face Amount at the time the benefits begin is the Face Amount applicable to and which may be affected by payment of the benefit.

**Hands-On Assistance** means physical assistance (minimal, moderate or maximal) without which the individual would not be able to perform the activity of daily living.

**Immediate Family Member** means the Insured's spouse and anyone who is related to the Insured or the Insured's spouse to the following degree by blood, marriage, adoption or operation of law: parents, grandparents, brothers, sisters, children, grandchildren, aunts, uncles, nephews and nieces.

**Home Health Care:** Care or treatment of the Insured at home which includes one or more professional nursing procedures or therapeutic services, or assistance with the activities of daily living.

**Home Health Care Agency:** A public agency or private organization licensed as a home health care agency by the state in which the care is provided.

**Hospice:** An institution which (a) provides hospice care to the terminally ill, (b) is licensed by the state in which it operates, and (c) is separate from or operates as a separate unit of any other licensed health care institution.

**Hospice Care:** A coordinated, interdisciplinary program of care that is (a) provided by an agency licensed by the state in which it operates and (b) prescribed and supervised by the Insured's physician.

**Insured:** Primary Insured under the policy.

**Licensed Health Care Practitioner** means a Physician, a Registered Nurse, a Licensed Practical Nurse, a licensed social worker, or another professional individual who meets the requirements prescribed by the United States Secretary of the Treasury.

A Licensed Health Care Practitioner:

1. Must be licensed in the state or recognized as such by the state in which the care is given; and
2. May not be the Insured or a Family Member; and
3. May not reside at the Insured's address.

**Licensed Practical Nurse** means a professional nurse legally designated LPN who, where licensing is required, holds a valid license from the state in which the nursing service is performed. The term Licensed Practical Nurse (LPN) shall include a licensed vocational nurse (LVN) and any other similarly designated nurse in those jurisdictions in which a professional nurse is designated as other than an LPN and for whom licensing is required.

**Long-Term Care Facility:** An institution, or distinct part of an institution, which is licensed as such by the appropriate state-licensing agency.

**Loss of Functional Capacity** means the individual is requiring Substantial Assistance to perform the prescribed Activities of Daily Living.

**Physician:** A licensed medical doctor (M.D.) or licensed doctor of osteopathy (D.O.) operating within the scope of his or her license.

**Physician's Statement** is a written statement signed by a Physician which:

1. Gives the diagnosis of the Insured's medical condition; and
2. States that the Insured is currently a Qualified Recipient and has been for at least 60 consecutive days.

**Policy:** The Policy to which this Rider is attached.

**Qualified Recipient** is an individual covered as the Base Insured under this policy who has met all the terms and conditions qualifying said person to receive benefits under this rider (see Benefit section below).

**Registered Nurse** is a professional nurse legally designated RN who, where licensing is required, holds a valid license from the state in which the nursing service is performed.

**Severe Cognitive Impairment** means the deterioration in or loss of intellectual capacity and may include exhibition of: 1) Comparable to (and includes) Alzheimer's disease and similar forms of irreversible dementia; or 2) Abusive or assaultive behavior; or 3) Poor judgment; or 4) Bizarre hygiene or habits which require continual supervision to protect the individual or others. Severe Cognitive Impairment is measured by clinical evidence and standardized test and is based on impairment as indicated by loss in short-or long-term memory or recognition of self, time of day or year, and deductive or abstract reasoning.

**Standby Assistance** means the presence of another person within arm's reach of the individual that is necessary to prevent, by physical intervention, injury while such individual is performing any Activities of Daily Living.

**Substantial Assistance** means Hands-On Assistance or Standby Assistance.

**Substantial Supervision** means continual supervision (which may include verbal prompts, gestures or other demonstrations) by another person that is necessary to protect the individual from threats to health or safety (such as may result from wandering).

**Terminally Ill** means that the Insured's life expectancy, as certified by a licensed physician, is 12 months or less.

## **BENEFIT**

Subject to the Conditions listed below You may request an acceleration of a portion of the death benefit of the policy, payable on a monthly basis and called the Monthly Qualified Care Accelerated Death Benefit (MQCADB).

The total amount of MQCADB we will pay is called the Aggregate Qualified Care Accelerated Death Monthly Benefit (AMQCADB). The initial AMQCADB is shown on Schedule 1. It may be adjusted based on changes made in the Face Amount. You may also request this amount be changed (see below). The AMQCADB will reduce as MQCADB's are paid to You.

If You die after You have elected to receive the MQCADB but before the benefit is received, the election shall be cancelled and the death benefit paid pursuant to the policy provisions.

**Benefit Conditions:** We will pay a portion of the insurance provided under the Policy, subject to the terms and conditions of this Rider provided:

- 1) The policy is in force and the Aggregate Monthly Qualified Care Accelerated Death Benefit has not been exhausted.
- 2) If the policy provides for a death benefit payable under Option 2, the death benefit will be changed to Option 1 prior to Our paying any MQCADB.
- 3) The Insured has satisfied the 60 day Elimination Period.
- 4) The Insured has been determined to be a Qualified Recipient of benefits, meeting all the terms and conditions to receive benefits under this rider and being certified by a Licensed Health Care Practitioner as:
  - a) Being unable to perform, without Substantial Assistance from another individual, at least 2 out of 6 Activities of Daily Living for a period of 90 days, or an expected period of 90 days due to a Loss of Functional Capacity; or



- b) Having a level of disability similar to the level of disability described above for item a); or
  - c) Requiring Substantial Supervision to protect the individual from threats to health and safety due to Severe Cognitive Impairment.
- 5) The care is provided in a Long-Term Care Facility, in an Adult Day Care Center, in a Hospice, in an Assisted Living Facility, or at home by a Home Health Care Agency.

Receipt of Home Health Care must be prescribed by a Physician other than an owner or employee of the Home Health Care Agency providing the services.

**Benefit Basis:** All benefits under this Rider will be based upon Aggregate Monthly Qualified Care Accelerated Death Benefit (AMQCADB) as of the date the first benefit is payable.

Readmission to a Long-Term Care Facility, or receipt of Home Health Care, within 180 days of a prior confinement, or receipt of care, will be considered a continuous benefit period if the readmission, or new period of care is due to the same or related cause(s) as the prior confinement or care. Otherwise, a new elimination period may apply.

#### **Monthly Qualified Care Accelerated Death Benefit (MQCADB)**

The Monthly Qualified Care Accelerated Death Benefit (MQCADB) payment will be made to You. The first payment will be made one month after the elimination period. For a partial month of confinement, We will base the payment on a pro-rata portion of the MQCADB. The pro-rata portion is 1/30th of the monthly benefit otherwise payable multiplied by the number of days for which the Insured was eligible for the benefit.

**Comprehensive Care:** If the Insured meets the Benefit Conditions as listed above, and is confined in a Long-Term Care Facility, an Assisted Living Facility or at home receiving Home Health Care, the monthly benefit will be 2% of the AMQCADB (Aggregate Monthly Qualified Care Accelerated Death Benefit).

**Adult Day Care:** If the Insured is receiving Adult Day Care in accordance with the Benefit Conditions each day of the month, the monthly benefit will be 1% of the AMQCADB.

If the Insured is receiving both Comprehensive Care and Adult Day Care, the maximum combined benefit payable in any one 30 day period is 2% of the Aggregate Monthly Qualified Care Accelerated Death Benefit.

#### **LIMITATIONS AND EXCLUSIONS**

Benefits are not payable from this rider while the Insured is currently receiving benefits from the Terminal Illness Accelerated Benefit Rider nor shall they be payable for any condition specifically excluded by rider attached hereto.

Regardless, no coverage will be provided for:

- Services performed by a member of the Insured's immediate family; or
- Care for an intentional self-inflicted injury; or
- Care for alcoholism or drug addiction; or
- Care provided in a hospital; or
- Care provided in a rest home; or
- Care provided in a nursing home, a residential care facility, a personal care facility or an Alzheimer's facility that does not qualify as a long-term care facility.

At no time may the AMQCADB on the life on one individual exceed [\$300,000] in the Company.

#### **Changes to the Aggregate Monthly Qualified Care Accelerated Death Benefit (AMQCADB):**

This amount will not change unless You request in writing that the AMQCADB be changed

OR

if there is a change to the base policy that would affect the limits imposed on the AMQCADB.

**Limits:** The AMQCADB cannot exceed the lesser of [\$300,000] or the Face Amount of the policy. The AMQCADB must be at least [\$50,000]. This rider cannot be issued on a policy unless the Face Amount of the base policy is at least [\$50,000]. The rider will terminate if the Face Amount falls below [\$50,000] prior to the commencement of any benefits payable under this rider.

You may request that the AMQCADB be increased (subject to medical underwriting) or decreased.

A request to decrease the AMQCADB must be in writing and will not be effective until the policy monthly anniversary date on or next following receipt of your request.

A request to increase the AMQCADB must be on the appropriate application to do so and will not be effective until approved by our underwriters. If approved, it will not be effective until the policy monthly anniversary date on or next following underwriting approval.

Once benefits are being paid or are pending payment from this rider, the AMQCADB amount will not change by virtue of a loan or partial withdrawal from the policy.

## **DISCLOSURES**

When You apply for this rider, a Monthly Qualified Care Accelerated Death Benefit Disclosure Statement is provided to You. This statement provides You with written disclosure of the benefits of this rider. Upon request for benefits We will provide You with a Monthly Qualified Care Accelerated Death Benefit Disclosure Payment Notice. This payment notice provides You with written disclosure of the benefit describing: a) an explanation of how the payment of the MQCADB affects the death benefit and any policy values and loan balances; b) an explanation of how the termination or maturity of the policy affects the benefit; c) a description of the amount of the benefit; and d) any exclusions, reductions, or limitations.

## **EFFECT OF RIDER BENEFIT ON POLICY**

After each payment of the MQCADB, the benefits provided by the policy and its values are changed.

When MQCADB benefits are paid, the base policy death benefit amount and the Current Aggregated Monthly Qualified Care Accelerated Death Benefit amount are reduced by the amount of each payment.

Each MQCADB payment also results in reductions to the account value, surrender charge and loan balance, if any. For these values, the reduction amount is the current value (i.e., account value, surrender charge or loan value) times the monthly benefit divided by the then Face Amount. Note that when a policy has indebtedness, the reduction in the loan balance is accomplished by reducing the MQCADB payment by that amount and applying it as a loan repayment.

MQCADB payments do not affect benefit amounts otherwise payable by virtue of another rider attached to this policy.

## **COST OF INSURANCE**

The monthly cost of this rider is determined each month, on the policy date and deducted from the policy account value at the same time and in the same manner as the cost of insurance for the specified benefit and any other applicable riders.

The monthly cost of this rider is equal to the MQCADB rider risk charge (as defined in the RISK CHARGES provision of the policy) times the Current Aggregate Qualified Care Monthly Benefit.

The MQCADB factor is shown in the SCHEDULE OF COSTS OF INSURANCE and established at the time the rider is issued based upon the insured's sex, issue age and rate class.

We reserve the right to change the MQCADB rider factor based on claims experience with the company. Any change in the MQCADB rider factor will apply to all persons with the same premium class as the insured and will be determined on the same basis as the original MQCADB rider factor.

The MQCADB factor will never be greater than those shown in Table A, Guaranteed Maximum MQCADB Rider Factors.

## **MONTHLY DEDUCTIONS DURING CLAIM**

During the period of time that Monthly Qualified Care Accelerated Death Benefits are being paid under this rider, We will continue to make the monthly deductions from the cash value for:

1. The cost of insurance for the policy; and
2. The cost of insurance for all Riders (including this rider) attached to this policy.
3. Any monthly fees under this policy.

If the cash surrender value is not enough to cover these deductions, and only in that event, We will apply a portion of the MQCADB as a premium payment to this policy only in an amount sufficient to cover the monthly deductions being taken from the cash value.

You may request that We not reduce the MQCADB to make these payments to the policy. Your request must be in writing and received in Our office at least 10 days prior to the date the next premium payment is due. If You choose not to have a portion of the premium paid from the MQCADB and there is not sufficient account value from which to take the monthly charges, the policy will become deficient and may eventually terminate as a result.

### **WAIVER OF MONTHLY CHARGES**

If all the following occur:

1. A waiver of deductions rider on the insured is attached to this policy; and
2. That rider is in force at the end of the elimination period; and
3. A claim for benefits under this rider is approved;

then the Insured will be deemed to be totally disabled, for purposes of the waiver of deductions rider during the period for which they are receiving benefits under this rider.

This benefit is described in the Waiver of Charges rider in Your policy.

### **CLAIMS**

**Notice of Claim:** You must tell Us in writing when the Insured has a claim for benefits. Notice should be given to Us at Our Home Office at 118 Second Avenue, SE, Cedar Rapids, IA 52401. We must receive the notice within 60 days of the date the potentially covered loss starts. The notice should identify the Insured and provide Us with the address to which the claim form should be sent. You may authorize someone else to act for You in filing a claim. Please see the Exercise of Rights provision below regarding Your filing a claim should You be legally incompetent.

**Claim Forms:** When We receive notice of Your claim, We will send out a claim form to be used to file proof of loss. If the claim form is not given to You within 10 working days, proof of loss can be filed without it by sending Us a letter which describes the occurrence, the character and the extent of the loss for which claim is made. That letter must be sent to Us within the time period stated in the next paragraph. As a minimum the description should tell Us such things as the Insured's name and address; the type of benefits You are claiming; the names and addresses of the Insured's Physicians; the places the Insured stayed; the Insured's diagnosis; and the periods for which You are claiming benefits.

**Proof of Loss:** Written proof of loss (including but not limited to the Statement of a Licensed Health Care Provider and properly completed claim form) must be given to Us within 90 days after the end of each month for which benefits may be paid or less frequently as may be required. If We allow for a less frequent submission of proof of loss, You will be so advised in writing and You must provide the written proof of loss (as noted above) within 60 days of the date requested.

If it was not reasonably possible to give Us written proof in the time required, We will not reduce or deny a claim for being late if the proof is filed as soon as reasonably possible. However, unless the claimant is not legally capable, the required proof must always be given to Us not later than one year from the time specified.

**Time of Payment of Claim:** Upon the proper written proof of loss We will, within 30 working days, pay benefits or mail You notice stating the reasons payment was not made in whole or in part and which gives a written itemization of information or documents needed to process Your claim.

**Payment of Claims:** The MQCADB is paid to You unless You request assignment to the person or organization providing the Insured's care. Any such request must be in a written form acceptable to Us. All remaining death benefits of the policy are paid to the beneficiary at the Insured's death.

**Disputes in Benefit Determination:** Any dispute arising from benefit determinations must be addressed in writing to Our Home Office in Cedar Rapids, Iowa.

## **MONTHLY REPORT**

For each month that this rider is in a benefit payment status, the following information will be furnished to You:

1. Any benefits paid out during the month.
2. An explanation of any changes to the policy in regard to the death benefit or any other values; and
3. Any remaining benefits available.

## **INCONTESTABILITY**

This rider is contestable on the same basis as the policy to which it is attached. If the effective date of this rider is after the effective date of the policy, the contestability period is determined from the effective date of the rider.

## **EXERCISE OF RIGHTS**

If You are not legally competent as certified by a Physician or the court, to exercise rights under this rider, We may permit another person to exercise these rights. This person may be a (the) named beneficiary(ies), a spouse, an Attorney in Fact effectively authorized by virtue of a Durable Power of Attorney, a legally appointed conservator or custodian or any other person who may provide acceptable proof of their capacity to do so.

## **TERMINATION**

This rider terminates and all benefit payments from it end on the earliest of:

1. When We receive written notice from You to cancel the rider; or
2. The date the base policy terminates; or
3. The date the policy lapses in accordance with a nonpayment of premiums provision contained therein; or
4. When the Face Amount falls below [\$50,000] prior to the commencement of any benefits payable under this rider; or
5. When the maximum lifetime benefit has been exhausted; or
6. When the owner elects to exercise any terminal illness accelerated death benefit option attached to this policy; or
7. When the Face Amount is exhausted.

If You request that the rider be cancelled, We will cancel it on or before the policy monthly anniversary date on or next following the date We receive written request to cancel the rider. Should You become eligible to receive benefits under this rider after You have elected to cancel the accelerated death benefit, but before the effective date of cancellation as noted above, We will nullify the request to cancel, subject to the following:

- 1) We must receive the request in writing.
- 2) The request must be received in Our office no later than 30 days after the previously requested cancellation has gone into effect.
- 3) The rider will be reinstated as of the original date of cancellation and any charges for the rider that may be due shall be taken from the policy account value accordingly.

## **REINSTATEMENT**

This rider may be reinstated if the policy to which it is attached is reinstated. To reinstate this rider We require satisfactory evidence of insurability of the Insured. We reserve the right to reinstate the base policy without reinstating the Qualified Care Accelerated Death Benefit Rider.

## **GENERAL**

This rider is part of the policy to which it is attached. It is issued in consideration of the application and payment of the monthly cost of insurance for this rider. It is subject to all of the policy's provisions that are not inconsistent with this rider. If inconsistencies occur, the provisions of this rider apply.

This rider may be returned within 30 days after You receive it. Mail or deliver it to Us (118 Second Avenue, SE, Cedar Rapids, IA 52401). The returned rider will be treated as if We never issued it. We will promptly refund any premium paid.

The effective date of this Rider is the Policy Date if it was requested in the original application and approved by Us. Coverage under this rider will end if the policy is terminated for any reason.

This rider provides coverage on the Primary Insured under the policy. It does not cover other persons.

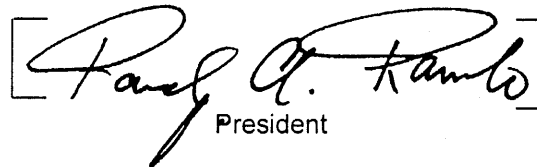
**CONFORMITY WITH STATE LAW**

Any provision of this rider in conflict with the laws of the state in which it is delivered, is amended to conform to the minimum requirements of those laws.

Signed at Cedar Rapids, Iowa, on the policy date

United Life Insurance Company  
118 2nd Avenue SE  
Cedar Rapids, IA 5401

  
Secretary

  
President

SERFF Tracking Number: UNFG-126880908 State: Arkansas  
Filing Company: United Life Insurance Company State Tracking Number: 47291  
Company Tracking Number: LIU-840 (1-11)  
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life  
Adjustable Life  
Product Name: LIU-840 (1-11)  
Project Name/Number: /

## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> <b>Attachment:</b> AR Cert.pdf		
<b>Satisfied - Item:</b> Application <b>Comments:</b> This form will be used with application LIU-113 (1-11). It was approved by your office on 10/26/2010.		
<b>Satisfied - Item:</b> Statement of Variability <b>Comments:</b> <b>Attachment:</b> stmt of variability LIU-840 (1-11).pdf		
<b>Satisfied - Item:</b> Disclosure statement <b>Comments:</b> <b>Attachment:</b> LIU-841 (1-11).pdf		

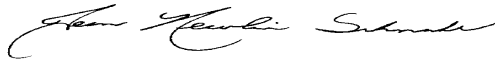
## CERTIFICATE OF COMPLIANCE

UNITED LIFE INSURANCE COMPANY

Form number: LIU-840 (1-11) Qualified Care Accelerated Death Benefit Rider  
Flesch Readability Score: 46.5

I hereby certify to the best of my knowledge and belief that this filing is in compliance with Arkansas Regulations 19 and 49 and Bulletin 11-88.

Certified by:



---

Jean Newlin Schnake, Secretary  
United Life Insurance Company

11/10/2010  
Date

Statement of Variability  
LIU-840 (1-11)

**On page 4:**

At no time may the AMQCADB on the life of one individual exceed [1] in the Company.

Limits: The AMQCADB cannot exceed the lesser of [2] or the Face Amount of the policy. The AMQCADB must be at least [3]. This rider cannot be issued on a policy unless the Face Amount of the base policy is at least [4]. The rider will terminate if the Face Amount falls below [5] prior to the commencement of any benefits payable under this rider.

**On page 7:**

Termination

4. When the Face Amount falls below [6] prior to the commencement of any benefits payable under this rider;

The bracketed numbers above are listed below with the range of values that can be used in those spaces:

- [1] \$100,000 - \$400,000
- [2] \$100,000 - \$400,000
- [3] \$25,000 - \$75,000
- [4] \$25,000 - \$75,000
- [5] \$25,000 - \$75,000
- [6] \$25,000 - \$75,000

**On page 8:**

The company signatures are bracketed.

**There is no other variable material in this form.**



\_\_\_\_\_  
Secretary  
United Life Insurance Company

November 10, 2010  
Date



**UNITED LIFE INSURANCE COMPANY**  
**Cedar Rapids, Iowa**

**QUALIFIED CARE ACCELERATED DEATH BENEFIT (QCADB)**  
**DISCLOSURE OF BENEFITS**

Description: Qualified Care Accelerated Death Benefit Rider provides for the payment of an accelerated death benefit using a portion of the life insurance benefits otherwise payable upon the death of the Insured. This benefit is paid over time to the Owner (You) while the Insured is living provided all qualifications of the rider are met. There is a monthly charge for the rider, therefore it may be added to the policy only upon Your request and if the Insured satisfies medical underwriting.

This option is only available on policies with a face amount of \$50,000 or more. The amount of the rider determines the amount of the death benefit that may be accelerated. It may be up to \$300,000 but never more than the face amount of the base policy.

Exercising the Benefit: If the Insured is eligible to receive benefits under this rider (see "Qualification" below) You may elect to accelerate a portion of the death benefits that would otherwise be payable upon the death of the Insured. However, You are not required to exercise this benefit.

This rider allows a portion of the death benefit to be paid monthly (see "Benefit" below). If the Insured is terminally ill, You may wish instead to file for a lump sum benefit under the Terminally Ill Accelerated Death Benefit Rider. However, once You submit a claim under that rider, the QCADB rider terminates.

If You file a claim under this rider, We will provide You a description of how exercising this benefit may affect Your policy. In addition to the requisite claim forms, You and any others affected by exercising this rider must sign and return an Acknowledgment and Request for Benefits.

Qualification: Generally, the Insured must have satisfied a 60 day elimination period. The Insured must be certified by a Licensed Health Care Provider as:

- a) being unable to perform, without substantial assistance, at least 2 out of 6 activities of daily living for a period of 90 days; or
- b) having a level of disability similar to that as described in a); or
- c) requiring substantial supervision to protect the individual from threats to health and safety due to Severe Cognitive Impairment.

Care must be provided to the Insured in a Long-Term Care Facility, an Adult Day Care Center, a Hospice, an Assisted Living Facility or at home by a Home Health Care Agency.

**Benefit:** The maximum Aggregate Monthly Qualified Care Accelerated Death Benefit is shown on the policy. We will pay to You 1% of that amount each month if the Insured is receiving Adult Day Care. We will pay to You 2% of that amount each month if the Insured is confined to a Long-Term Care or Assisted Living Facility or is receiving Home Health Care.

**Filing a Claim:** An appropriate claim form must be submitted to United Life Insurance Company along with requisite substantiating documentation including a certification from the Insured's physician. United Life Insurance Company reserves the right to request a second opinion.

**Policy Values:** Certain policy values will reduce as the benefits are being paid. You will be provided a monthly statement as to how the payment of the benefits has affected the policy. Policy values that may change include:

- policy face amount/death benefit
- policy cash value
- policy surrender charges, if any

If there is a policy loan, a portion of the benefit otherwise payable to You will be used to repay the loan, reducing the monthly QCADB benefit.

If the policy is deficient, a portion of the benefit otherwise payable to You will be used to provide sufficient premium for the policy so that it does not lapse. This may also cause a reduction in the monthly QCADB benefit.

There is no waiver of charges benefit inherent with the rider. The Payor/Owner must assure that sufficient premiums are being made to keep the policy in force.

**Tax Consequences:** Benefits paid under the Accelerated Death Benefit Rider may be taxable. As with all tax matters You should consult with Your personal tax advisor to assess the impact of the benefit.

Please note that if there is any discrepancy between this outline and the actual rider, the provisions of the rider and the policy to which it is attached shall prevail.

<i>SERFF Tracking Number:</i>	<i>UNFG-126880908</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>47291</i>
<i>Company Tracking Number:</i>	<i>LIU-840 (1-11)</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium</i>	<i>Sub-TOI:</i>	<i>L09I.001 Single Life</i>
	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>LIU-840 (1-11)</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

<b>Creation Date:</b>	<b>Schedule</b>	<b>Schedule Item Name</b>	<b>Replacement Creation Date</b>	<b>Attached Document(s)</b>
03/10/2011	Supporting	Disclosure statement Document	03/11/2011	LIU-840 (1-11).PDF (Superceded)



United Life Insurance Company  
Cedar Rapids, Iowa

## **QUALIFIED CARE ACCELERATED DEATH BENEFIT RIDER**

### **Providing an Option to Elect an Acceleration of Death Benefit**

#### **NOTICE TO BUYER**

This Rider provides for the payment of an accelerated death benefit at Your election under the conditions specified below.

If benefits are paid under this rider, the policy's death benefit, cash values and loan values will be reduced. Other benefits as may be provided by rider to this policy, whose amounts are conditioned upon the amount of the policy's death benefit, may also be reduced.

Benefits paid under this option may be taxable. You should consult your personal tax advisor to assess the tax effect of this benefit.

Additionally, You may lose Your right to receive certain public funds or assistance including but not necessarily limited to Medicare, Medicaid, Social Security, Supplemental Security and Supplemental Security Income (SSI).

#### **DEFINITIONS**

"You" or "Your" means the owner of the policy. "Insured" means the person named as such in Section 1, Policy Data. "We", "Our", or "Us" means United Life Insurance Company.

**Activities of Daily Living:** The basic human functional abilities required for the Insured to remain independent. They are as follows:

1. Bathing - the ability to wash oneself by sponge bath in either a tub or shower, including the task of getting into or out of the tub or shower.
2. Continence - the ability to maintain control of bowel or bladder functions, or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene, including caring for the catheter or colostomy bag.
3. Dressing - the ability to put on and take off items of clothing and any necessary braces, fasteners, or artificial limbs.
4. Eating - the ability to feed oneself by getting food into the body from a receptacle, such as plate, cup, or table, or by feeding tube or intravenously.
5. Toileting - the ability to get to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.
6. Transferring - the ability to move into or out of a bed, chair, or wheelchair or to move from place to place, either by walking, using a wheelchair or by other means.

**Adult Day Care Center:** An organization that provides a program of adult day care and is state licensed, if the state in which it is located licenses adult day care facilities.

**Aggregate Monthly Qualified Care Accelerated Death Benefit (AMQCADB):** The total amount of MQCADB payments available to be paid over the lifetime of the Insured. The initial AMQCMB Benefit is shown on page 3 of the policy. Once benefits are being paid or are pending payment from this rider, the AMQCADB amount will not change by virtue of a loan or partial withdrawal from the policy.

**Assisted Living Facility:** A separate facility (or a specially dedicated wing of a facility) which is licensed as an assisted living facility, if the state in which it operates licenses such facilities.

**Cognitive Impairment:** Significant deterioration or significant loss in the Insured's intellectual capacity in the following areas: short or long-term memory, orientation as to person, place and time, deductive or abstract reasoning, or judgment as it relates to safety awareness.

**Current Aggregate Monthly Qualified Care Accelerated Death Benefit (CAMQCADB)** is the benefit (as may have been previously reduced) in effect when We begin paying MQCADB's for a qualifying claim. This amount will reduce each time a MQCADB is made to You.

**Elimination Period** means the first 60 days after the Insured is certified having qualified for the benefits under this rider.

**Face Amount** is shown on Schedule 1 and is exclusive of any riders, indebtedness or cash value (if the policy is an Option 2). If the Face Amount has been reduced prior to the commencement of any benefits payable under this rider, the Face Amount at the time the benefits begin is the Face Amount applicable to and which may be affected by payment of the benefit.

**Hands-On Assistance** means physical assistance (minimal, moderate or maximal) without which the individual would not be able to perform the activity of daily living.

**Immediate Family Member** means the Insured's spouse and anyone who is related to the Insured or the Insured's spouse to the following degree by blood, marriage, adoption or operation of law: parents, grandparents, brothers, sisters, children, grandchildren, aunts, uncles, nephews and nieces.

**Home Health Care:** Care or treatment of the Insured at home which includes one or more professional nursing procedures or therapeutic services, or assistance with the activities of daily living.

**Home Health Care Agency:** A public agency or private organization licensed as a home health care agency by the state in which the care is provided.

**Hospice:** An institution which (a) provides hospice care to the terminally ill, (b) is licensed by the state in which it operates, and (c) is separate from or operates as a separate unit of any other licensed health care institution.

**Hospice Care:** A coordinated, interdisciplinary program of care that is (a) provided by an agency licensed by the state in which it operates and (b) prescribed and supervised by the Insured's physician.

**Insured:** Primary Insured under the policy.

**Licensed Health Care Practitioner** means a Physician, a Registered Nurse, a Licensed Practical Nurse, a licensed social worker, or another professional individual who meets the requirements prescribed by the United States Secretary of the Treasury.

A Licensed Health Care Practitioner:

1. Must be licensed in the state or recognized as such by the state in which the care is given; and
2. May not be the Insured or a Family Member; and
3. May not reside at the Insured's address.

**Licensed Practical Nurse** means a professional nurse legally designated LPN who, where licensing is required, holds a valid license from the state in which the nursing service is performed. The term Licensed Practical Nurse (LPN) shall include a licensed vocational nurse (LVN) and any other similarly designated nurse in those jurisdictions in which a professional nurse is designated as other than an LPN and for whom licensing is required.

**Long-Term Care Facility:** An institution, or distinct part of an institution, which is licensed as such by the appropriate state-licensing agency.

**Loss of Functional Capacity** means the individual is requiring Substantial Assistance to perform the prescribed Activities of Daily Living.

**Physician:** A licensed medical doctor (M.D.) or licensed doctor of osteopathy (D.O.) operating within the scope of his or her license.

**Physician's Statement** is a written statement signed by a Physician which:

1. Gives the diagnosis of the Insured's medical condition; and
2. States that the Insured is currently a Qualified Recipient and has been for at least 60 consecutive days.

**Policy:** The Policy to which this Rider is attached.

**Qualified Recipient** is an individual covered as the Base Insured under this policy who has met all the terms and conditions qualifying said person to receive benefits under this rider (see Benefit section below).

**Registered Nurse** is a professional nurse legally designated RN who, where licensing is required, holds a valid license from the state in which the nursing service is performed.

**Severe Cognitive Impairment** means the deterioration in or loss of intellectual capacity and may include exhibition of: 1) Comparable to (and includes) Alzheimer's disease and similar forms of irreversible dementia; or 2) Abusive or assaultive behavior; or 3) Poor judgment; or 4) Bizarre hygiene or habits which require continual supervision to protect the individual or others. Severe Cognitive Impairment is measured by clinical evidence and standardized test and is based on impairment as indicated by loss in short-or long-term memory or recognition of self, time of day or year, and deductive or abstract reasoning.

**Standby Assistance** means the presence of another person within arm's reach of the individual that is necessary to prevent, by physical intervention, injury while such individual is performing any Activities of Daily Living.

**Substantial Assistance** means Hands-On Assistance or Standby Assistance.

**Substantial Supervision** means continual supervision (which may include verbal prompts, gestures or other demonstrations) by another person that is necessary to protect the individual from threats to health or safety (such as may result from wandering).

**Terminally Ill** means that the Insured's life expectancy, as certified by a licensed physician, is 12 months or less.

## **BENEFIT**

Subject to the Conditions listed below You may request an acceleration of a portion of the death benefit of the policy, payable on a monthly basis and called the Monthly Qualified Care Accelerated Death Benefit (MQCADB).

The total amount of MQCADB we will pay is called the Aggregate Qualified Care Accelerated Death Monthly Benefit (AMQCADB). The initial AMQCADB is shown on Schedule 1. It may be adjusted based on changes made in the Face Amount. You may also request this amount be changed (see below). The AMQCADB will reduce as MQCADB's are paid to You.

If You die after You have elected to receive the MQCADB but before the benefit is received, the election shall be cancelled and the death benefit paid pursuant to the policy provisions.

**Benefit Conditions:** We will pay a portion of the insurance provided under the Policy, subject to the terms and conditions of this Rider provided:

- 1) The policy is in force and the Aggregate Monthly Qualified Care Accelerated Death Benefit has not been exhausted.
- 2) If the policy provides for a death benefit payable under Option 2, the death benefit will be changed to Option 1 prior to Our paying any MQCADB.
- 3) The Insured has satisfied the 60 day Elimination Period.
- 4) The Insured has been determined to be a Qualified Recipient of benefits, meeting all the terms and conditions to receive benefits under this rider and being certified by a Licensed Health Care Practitioner as:
  - a) Being unable to perform, without Substantial Assistance from another individual, at least 2 out of 6 Activities of Daily Living for a period of 90 days, or an expected period of 90 days due to a Loss of Functional Capacity; or

- b) Having a level of disability similar to the level of disability described above for item a); or
  - c) Requiring Substantial Supervision to protect the individual from threats to health and safety due to Severe Cognitive Impairment.
- 5) The care is provided in a Long-Term Care Facility, in an Adult Day Care Center, in a Hospice, in an Assisted Living Facility, or at home by a Home Health Care Agency.

Receipt of Home Health Care must be prescribed by a Physician other than an owner or employee of the Home Health Care Agency providing the services.

**Benefit Basis:** All benefits under this Rider will be based upon Aggregate Monthly Qualified Care Accelerated Death Benefit (AMQCADB) as of the date the first benefit is payable.

Readmission to a Long-Term Care Facility, or receipt of Home Health Care, within 180 days of a prior confinement, or receipt of care, will be considered a continuous benefit period if the readmission, or new period of care is due to the same or related cause(s) as the prior confinement or care. Otherwise, a new elimination period may apply.

#### **Monthly Qualified Care Accelerated Death Benefit (MQCADB)**

The Monthly Qualified Care Accelerated Death Benefit (MQCADB) payment will be made to You. The first payment will be made one month after the elimination period. For a partial month of confinement, We will base the payment on a pro-rata portion of the MQCADB. The pro-rata portion is 1/30th of the monthly benefit otherwise payable multiplied by the number of days for which the Insured was eligible for the benefit.

**Comprehensive Care:** If the Insured meets the Benefit Conditions as listed above, and is confined in a Long-Term Care Facility, an Assisted Living Facility or at home receiving Home Health Care, the monthly benefit will be 2% of the AMQCADB (Aggregate Monthly Qualified Care Accelerated Death Benefit).

**Adult Day Care:** If the Insured is receiving Adult Day Care in accordance with the Benefit Conditions each day of the month, the monthly benefit will be 1% of the AMQCADB.

If the Insured is receiving both Comprehensive Care and Adult Day Care, the maximum combined benefit payable in any one 30 day period is 2% of the Aggregate Monthly Qualified Care Accelerated Death Benefit.

#### **LIMITATIONS AND EXCLUSIONS**

Benefits are not payable from this rider while the Insured is currently receiving benefits from the Terminal Illness Accelerated Benefit Rider nor shall they be payable for any condition specifically excluded by rider attached hereto.

Regardless, no coverage will be provided for:

- Services performed by a member of the Insured's immediate family; or
- Care for an intentional self-inflicted injury; or
- Care for alcoholism or drug addiction; or
- Care provided in a hospital; or
- Care provided in a rest home; or
- Care provided in a nursing home, a residential care facility, a personal care facility or an Alzheimer's facility that does not qualify as a long-term care facility.

At no time may the AMQCADB on the life on one individual exceed \$300,000 in the Company.

#### **Changes to the Aggregate Monthly Qualified Care Accelerated Death Benefit (AMQCADB):**

This amount will not change unless You request in writing that the AMQCADB be changed

OR

if there is a change to the base policy that would affect the limits imposed on the AMQCADB.

**Limits:** The AMQCADB cannot exceed the lesser of \$300,000 or the Face Amount of the policy. The AMQCADB must be at least \$50,000. This rider cannot be issued on a policy unless the Face Amount of the base policy is at least \$50,000. The rider will terminate if the Face Amount falls below \$50,000 prior to the commencement of any benefits payable under this rider.



You may request that the AMQCADB be increased (subject to medical underwriting) or decreased.

A request to decrease the AMQCADB must be in writing and will not be effective until the policy monthly anniversary date on or next following receipt of your request.

A request to increase the AMQCADB must be on the appropriate application to do so and will not be effective until approved by our underwriters. If approved, it will not be effective until the policy monthly anniversary date on or next following underwriting approval.

Once benefits are being paid or are pending payment from this rider, the AMQCADB amount will not change by virtue of a loan or partial withdrawal from the policy.

## **DISCLOSURES**

When You apply for this rider, a Monthly Qualified Care Accelerated Death Benefit Disclosure Statement is provided to You. This statement provides You with written disclosure of the benefits of this rider. Upon request for benefits We will provide You with a Monthly Qualified Care Accelerated Death Benefit Disclosure Payment Notice. This payment notice provides You with written disclosure of the benefit describing: a) an explanation of how the payment of the MQCADB affects the death benefit and any policy values and loan balances; b) an explanation of how the termination or maturity of the policy affects the benefit; c) a description of the amount of the benefit; and d) any exclusions, reductions, or limitations.

## **EFFECT OF RIDER BENEFIT ON POLICY**

After each payment of the MQCADB, the benefits provided by the policy and its values are changed.

When MQCADB benefits are paid, the base policy death benefit amount and the Current Aggregated Monthly Qualified Care Accelerated Death Benefit amount are reduced by the amount of each payment.

Each MQCADB payment also results in reductions to the account value, surrender charge and loan balance, if any. For these values, the reduction amount is the current value (i.e., account value, surrender charge or loan value) times the monthly benefit divided by the then Face Amount. Note that when a policy has indebtedness, the reduction in the loan balance is accomplished by reducing the MQCADB payment by that amount and applying it as a loan repayment.

MQCADB payments do not affect benefit amounts otherwise payable by virtue of another rider attached to this policy.

## **COST OF INSURANCE**

The monthly cost of this rider is determined each month, on the policy date and deducted from the policy account value at the same time and in the same manner as the cost of insurance for the specified benefit and any other applicable riders.

The monthly cost of this rider is equal to the MQCADB rider risk charge (as defined in the RISK CHARGES provision of the policy) times the Current Aggregate Qualified Care Monthly Benefit.

The MQCADB factor is shown in the SCHEDULE OF COSTS OF INSURANCE and established at the time the rider is issued based upon the insured's sex, issue age and rate class.

We reserve the right to change the MQCADB rider factor based on claims experience with the company. Any change in the MQCADB rider factor will apply to all persons with the same premium class as the insured and will be determined on the same basis as the original MQCADB rider factor.

The MQCADB factor will never be greater than those shown in Table A, Guaranteed Maximum MQCADB Rider Factors.

## **MONTHLY DEDUCTIONS DURING CLAIM**

During the period of time that Monthly Qualified Care Accelerated Death Benefits are being paid under this rider, We will continue to make the monthly deductions from the cash value for:

1. The cost of insurance for the policy; and
2. The cost of insurance for all Riders (including this rider) attached to this policy.
3. Any monthly fees under this policy.



If the cash surrender value is not enough to cover these deductions, and only in that event, We will apply a portion of the MQCADB as a premium payment to this policy only in an amount sufficient to cover the monthly deductions being taken from the cash value.

You may request that We not reduce the MQCADB to make these payments to the policy. Your request must be in writing and received in Our office at least 10 days prior to the date the next premium payment is due. If You choose not to have a portion of the premium paid from the MQCADB and there is not sufficient account value from which to take the monthly charges, the policy will become deficient and may eventually terminate as a result.

### **WAIVER OF MONTHLY CHARGES**

If all the following occur:

1. A waiver of deductions rider on the insured is attached to this policy; and
2. That rider is in force at the end of the elimination period; and
3. A claim for benefits under this rider is approved;

then the Insured will be deemed to be totally disabled, for purposes of the waiver of deductions rider during the period for which they are receiving benefits under this rider.

This benefit is described in the Waiver of Charges rider in Your policy.

### **CLAIMS**

**Notice of Claim:** You must tell Us in writing when the Insured has a claim for benefits. Notice should be given to Us at Our Home Office at 118 Second Avenue, SE, Cedar Rapids, IA 52401. We must receive the notice within 60 days of the date the potentially covered loss starts. The notice should identify the Insured and provide Us with the address to which the claim form should be sent. You may authorize someone else to act for You in filing a claim. Please see the Exercise of Rights provision below regarding Your filing a claim should You be legally incompetent.

**Claim Forms:** When We receive notice of Your claim, We will send out a claim form to be used to file proof of loss. If the claim form is not given to You within 10 working days, proof of loss can be filed without it by sending Us a letter which describes the occurrence, the character and the extent of the loss for which claim is made. That letter must be sent to Us within the time period stated in the next paragraph. As a minimum the description should tell Us such things as the Insured's name and address; the type of benefits You are claiming; the names and addresses of the Insured's Physicians; the places the Insured stayed; the Insured's diagnosis; and the periods for which You are claiming benefits.

**Proof of Loss:** Written proof of loss (including but not limited to the Statement of a Licensed Health Care Provider and properly completed claim form) must be given to Us within 90 days after the end of each month for which benefits may be paid or less frequently as may be required. If We allow for a less frequent submission of proof of loss, You will be so advised in writing and You must provide the written proof of loss (as noted above) within 60 days of the date requested.

If it was not reasonably possible to give Us written proof in the time required, We will not reduce or deny a claim for being late if the proof is filed as soon as reasonably possible. However, unless the claimant is not legally capable, the required proof must always be given to Us not later than one year from the time specified.

**Time of Payment of Claim:** Upon the proper written proof of loss We will, within 30 working days, pay benefits or mail You notice stating the reasons payment was not made in whole or in part and which gives a written itemization of information or documents needed to process Your claim.

**Payment of Claims:** The MQCADB is paid to You unless You request assignment to the person or organization providing the Insured's care. Any such request must be in a written form acceptable to Us. All remaining death benefits of the policy are paid to the beneficiary at the Insured's death.

**Disputes in Benefit Determination:** Any dispute arising from benefit determinations must be addressed in writing to Our Home Office in Cedar Rapids, Iowa.

## **MONTHLY REPORT**

For each month that this rider is in a benefit payment status, the following information will be furnished to You:

1. Any benefits paid out during the month.
2. An explanation of any changes to the policy in regard to the death benefit or any other values; and
3. Any remaining benefits available.

## **INCONTESTABILITY**

This rider is contestable on the same basis as the policy to which it is attached. If the effective date of this rider is after the effective date of the policy, the contestability period is determined from the effective date of the rider.

## **EXERCISE OF RIGHTS**

If You are not legally competent as certified by a Physician or the court, to exercise rights under this rider, We may permit another person to exercise these rights. This person may be a (the) named beneficiary(ies), a spouse, an Attorney in Fact effectively authorized by virtue of a Durable Power of Attorney, a legally appointed conservator or custodian or any other person who may provide acceptable proof of their capacity to do so.

## **TERMINATION**

This rider terminates and all benefit payments from it end on the earliest of:

1. When We receive written notice from You to cancel the rider; or
2. The date the base policy terminates; or
3. The date the policy lapses in accordance with a nonpayment of premiums provision contained therein; or
4. When the Face Amount falls below \$50,000 prior to the commencement of any benefits payable under this rider; or
5. When the maximum lifetime benefit has been exhausted; or
6. When the owner elects to exercise any terminal illness accelerated death benefit option attached to this policy; or
7. When the Face Amount is exhausted.

If You request that the rider be cancelled, We will cancel it on or before the policy monthly anniversary date on or next following the date We receive written request to cancel the rider. Should You become eligible to receive benefits under this rider after You have elected to cancel the accelerated death benefit, but before the effective date of cancellation as noted above, We will nullify the request to cancel, subject to the following:

- 1) We must receive the request in writing.
- 2) The request must be received in Our office no later than 30 days after the previously requested cancellation has gone into effect.
- 3) The rider will be reinstated as of the original date of cancellation and any charges for the rider that may be due shall be taken from the policy account value accordingly.

## **REINSTATEMENT**

This rider may be reinstated if the policy to which it is attached is reinstated. To reinstate this rider We require satisfactory evidence of insurability of the Insured. We reserve the right to reinstate the base policy without reinstating the Qualified Care Accelerated Death Benefit Rider.

## **GENERAL**

This rider is part of the policy to which it is attached. It is issued in consideration of the application and payment of the monthly cost of insurance for this rider. It is subject to all of the policy's provisions that are not inconsistent with this rider. If inconsistencies occur, the provisions of this rider apply.

This rider may be returned within 30 days after You receive it. Mail or deliver it to Us (118 Second Avenue, SE, Cedar Rapids, IA 52401). The returned rider will be treated as if We never issued it. We will promptly refund any premium paid.

The effective date of this Rider is the Policy Date if it was requested in the original application and approved by Us. Coverage under this rider will end if the policy is terminated for any reason.

This rider provides coverage on the Primary Insured under the policy. It does not cover other persons.

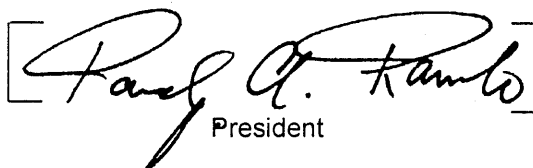
#### **CONFORMITY WITH STATE LAW**

Any provision of this rider in conflict with the laws of the state in which it is delivered, is amended to conform to the minimum requirements of those laws.

Signed at Cedar Rapids, Iowa, on the policy date

United Life Insurance Company  
118 2nd Avenue SE  
Cedar Rapids, IA 5401

  
Secretary

  
President